

Fill in this information to identify your case:

Debtor 1	Michael	Edward	Ledue
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Constance	Ellen	Ledue
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS			
Case number (if known)	19-70323-11		

☐ Check if this is an amended filing
Official Form 104**For Individual Chapter 11 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims Against You and Are Not Insiders**

12/15

If you are an individual filing for bankruptcy under Chapter 11, you must fill out this form. If you are filing under Chapter 7, Chapter 12, or Chapter 13, do not fill out this form. Do not include claims by anyone who is an insider. Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20 percent or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Also, do not include claims by secured creditors unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information.

Part 1: List the 20 Unsecured Claims in Order from Largest to Smallest. Do Not Include Claims by Insiders.

		What is the nature of the claim?	Unsecured claim
1	Internal Revenue Service	Taxes	\$38,855.38
Creditor's name		As of the date you file, the claim is: Check all that apply.	
1000 Commerce Street		<input type="checkbox"/> Contingent	
Number Street		<input type="checkbox"/> Unliquidated	
Mail Code 5028 DAL		<input type="checkbox"/> Disputed	
Dallas TX 75242		<input checked="" type="checkbox"/> None of the above apply	
City State ZIP Code		Does the creditor have a lien on your property?	
Contact		<input type="checkbox"/> No	
Contact phone		<input checked="" type="checkbox"/> Yes. Total claim (secured and unsecured): \$38,855.38	
		Value of security — \$0.00	
		Unsecured claim: \$38,855.38	
2	First Capital Bank		\$32,781.00
Creditor's name		As of the date you file, the claim is: Check all that apply.	
2525 Kell Blvd		<input type="checkbox"/> Contingent	
Number Street		<input type="checkbox"/> Unliquidated	
Wichita Falls TX 76308		<input type="checkbox"/> Disputed	
City State ZIP Code		<input checked="" type="checkbox"/> None of the above apply	
Contact		Does the creditor have a lien on your property?	
Contact phone		<input type="checkbox"/> No	
		<input checked="" type="checkbox"/> Yes. Total claim (secured and unsecured): \$32,781.00	
		Value of security — \$0.00	
		Unsecured claim: \$32,781.00	

Debtor 1 **Michael Edward Ledue**
 Debtor 2 **Constance Ellen Ledue**

Case number (if known) **19-70323-11**

Unsecured claim

3 Internal Revenue ServiceWhat is the nature of the claim? **Taxes****\$18,834.02**

Creditor's name

1000 Commerce Street

Number Street

Mail Code 5028 DAL**Dallas TX 75242**

City State ZIP Code

Contact

Contact phone

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☒ None of the above apply

Does the creditor have a lien on your property?

- ☐ No
☒ Yes. Total claim (secured and unsecured): **\$18,834.02**
 Value of security — **\$0.00**
 Unsecured claim: **\$18,834.02**

4 John RainesWhat is the nature of the claim? **Signature Loan****\$17,000.00**

Creditor's name

1707 Camden Way

Number Street

Oklahoma City OK 73116

City State ZIP Code

Contact

Contact phone

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No
☐ Yes. Total claim (secured and unsecured): _____
 Value of security — _____
 Unsecured claim: _____

5 Bank of AmericaWhat is the nature of the claim? **Credit Card****\$10,900.00**

Creditor's name

P. O. Box 9000

Number Street

Getzville NY 14068-9000

City State ZIP Code

Contact

Contact phone

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No
☐ Yes. Total claim (secured and unsecured): _____
 Value of security — _____
 Unsecured claim: _____

6 Wichita County Taxing AuthorityWhat is the nature of the claim? **Property taxes****\$6,382.89**

Creditor's name

P. O. Box 1471

Number Street

Wichita Falls TX 76307

City State ZIP Code

Contact

Contact phone

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No
☐ Yes. Total claim (secured and unsecured): _____
 Value of security — _____
 Unsecured claim: _____

Debtor 1 **Michael Edward Ledue**
 Debtor 2 **Constance Ellen Ledue**

Case number (if known) **19-70323-11**

Unsecured claim

<div style="background-color: black; color: white; padding: 2px; text-align: center; font-weight: bold;">7</div>	Capital One Card Services Creditor's name P. O. Box 71087 Number Street Charlotte NC 28272 City State ZIP Code Contact Contact phone	What is the nature of the claim? <u>Credit Card</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): _____ Value of security — _____ Unsecured claim: _____	\$6,031.06
<div style="background-color: black; color: white; padding: 2px; text-align: center; font-weight: bold;">8</div>	Bank of the West Creditor's name P. O. Box 4024 Number Street Alameda CA 94501 City State ZIP Code Contact Contact phone	What is the nature of the claim? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Total claim (secured and unsecured): \$22,756.00 Value of security — \$17,000.00 Unsecured claim: \$5,756.00	\$5,756.00
<div style="background-color: black; color: white; padding: 2px; text-align: center; font-weight: bold;">9</div>	Navient Creditor's name P. O. Box 9988 Number Street Wilkes Barre PA 18773-9988 City State ZIP Code Contact Contact phone	What is the nature of the claim? <u>Collecting</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): _____ Value of security — _____ Unsecured claim: _____	\$4,868.20
<div style="background-color: black; color: white; padding: 2px; text-align: center; font-weight: bold;">10</div>	Capital One Card Services Creditor's name P. O. Box 60599 Number Street City of Industry CA 91716-0599 City State ZIP Code Contact Contact phone	What is the nature of the claim? <u>Credit Card</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): _____ Value of security — _____ Unsecured claim: _____	\$3,750.65

Debtor 1 **Michael Edward Ledue**
 Debtor 2 **Constance Ellen Ledue**

Case number (if known) **19-70323-11**

Unsecured claim

<div style="background-color: black; color: white; padding: 2px; text-align: center; font-weight: bold;">11</div>	Chase Card Services Creditor's name P. O. Box 6294 Number Street Carol Stream IL 60197-6294 City State ZIP Code Contact Contact phone	What is the nature of the claim? <u>Credit Card</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): _____ Value of security — _____ Unsecured claim: _____	\$3,574.71
<div style="background-color: black; color: white; padding: 2px; text-align: center; font-weight: bold;">12</div>	Citi Cards/CitiBank Creditor's name P. O. Box 78045 Number Street Phoenix AZ 85062 City State ZIP Code Contact Contact phone	What is the nature of the claim? <u>Credit Card</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): _____ Value of security — _____ Unsecured claim: _____	\$3,140.52
<div style="background-color: black; color: white; padding: 2px; text-align: center; font-weight: bold;">13</div>	Pilgrim Visa Creditor's name P. O. Box 569100 Number Street Dallas TX 75356-9120 City State ZIP Code Contact Contact phone	What is the nature of the claim? <u>Credit Card</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): _____ Value of security — _____ Unsecured claim: _____	\$2,715.95
<div style="background-color: black; color: white; padding: 2px; text-align: center; font-weight: bold;">14</div>	Edward Jones-Cardmember Service Creditor's name P. O. Box 790048 Number Street Saint Louis, MO 63179-048 City State ZIP Code Contact Contact phone	What is the nature of the claim? <u>Credit Card</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): _____ Value of security — _____ Unsecured claim: _____	\$2,652.28

Debtor 1 **Michael Edward Ledue**
 Debtor 2 **Constance Ellen Ledue**

Case number (if known) **19-70323-11**

Unsecured claim

15	Capital One Card Services Creditor's name P. O. Box 60599 Number Street City of Industry CA 91716-0599 City State ZIP Code Contact Contact phone	What is the nature of the claim? Credit Card As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): _____ Value of security — _____ Unsecured claim: _____	\$1,931.64
-----------	--	---	-------------------

16	Wells Fargo Card Services Creditor's name P. O. Box 51193 Number Street Los Angeles CA 90051-5493 City State ZIP Code Contact Contact phone	What is the nature of the claim? Credit Card As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): _____ Value of security — _____ Unsecured claim: _____	\$926.46
-----------	---	---	-----------------

17	Great Lakes Educational Loan Creditor's name 2401 International Ln Number Street Madison WI 53704 City State ZIP Code Contact Contact phone	What is the nature of the claim? Student Loan As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): _____ Value of security — _____ Unsecured claim: _____	\$819.25
-----------	---	--	-----------------

18	Wells Fargo Card Services Creditor's name P. O. Box 51193 Number Street Los Angeles CA 90051-5493 City State ZIP Code Contact Contact phone	What is the nature of the claim? Credit Card As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): _____ Value of security — _____ Unsecured claim: _____	\$461.08
-----------	---	---	-----------------

Part 2: Sign Below

Under penalty of perjury, I declare that the information provided in this form is true and correct.

X _____
 Michael Edward Ledue, Debtor 1

X _____
 Constance Ellen Ledue, Debtor 2

Date **11/25/2019**
 MM / DD / YYYY

Date **11/25/2019**
 MM / DD / YYYY

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS
WICHITA FALLS DIVISION**

IN RE:
**Michael Edward Ledue
Constance Ellen Ledue**

CHAPTER 11

DEBTOR(S)

CASE NO 19-70323-11

LIST OF EQUITY SECURITY HOLDERS

Registered Name of Holder of Security Last Known Address or Place of Business	Class of Security	Number Registered	Kind of Interest Registered
--	-------------------	-------------------	--------------------------------

I declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date: 12/9/2019

Signature: /s/ Michael Edward Ledue
Michael Edward Ledue

/s/ Constance Ellen Ledue
Constance Ellen Ledue